

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 1301  
Registered No. 267

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mark Anthony Smith { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Dec. 13, 1926  
Month Day Year

8. FATHER Full name Mark Anthony Smith 14. MOTHER Full maiden name Melle Delich

9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 30 (Years) 16. Color or race white 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Somerset, Ky. 18. Birthplace (city or place) Stielton Pa.  
(State or country) (State or country)

13. Occupation Miner 19. Occupation Housewife  
Nature of industry Nature of industry

20. Number of children of this mother Two (a) Born alive and now living one  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead one  
(c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 3:50 p. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper, M.D.  
Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Globe, Arizona

Month, day, year \_\_\_\_\_ Filed 12/31, 26 D. W. Horst  
Registrar Registrar

428-1213-448

WRIT. PLAINLY WITH UNFADING INK—THIS IS A PERM. ENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.